

Comprehensive Instructions for Developmentally Disabled Dental Treatment Fund (DDTF) Application

GENERAL INFORMATION INSTRUCTIONS

Please read this important information:

- This is a fund of *last* resort. Clients that have dental insurance or other means to pay for services are NOT eligible for this fund. Clients that have Medicaid can utilize this fund only if access to a Medicaid dentist is not available. The limited amount of funding must be used for those with no other funding source available (including family).
- Only the treatment outlined in the *DDTF Approval Codes* section below will be covered.
- The DDTF must be used only to achieve functionality. Bridges, partials and dentures will be approved on a case by case basis. Evidence must be submitted that the client will be able to have daily oral hygiene to maintain the removable or fixed prosthetic and in the case of partials/dentures that patient must be able to tolerate the appliance and will use the appliance daily.

Who can apply for Developmentally Disabled Dental Treatment Fund (DDTF)

When applying for the DDTF for a patient, a Case Manager/Support Coordinator of an agency of whom the patient is a client of must fill out and complete the application.

DATA ELEMENT SPECIFIC INSTRUCTIONS

Form completion instructions are provided for each data item, which is indicated by a number. Please note that data items are in groups of related information. These instructions explain the reasons for such groupings, and the relationships (if any) between groups

CLIENT INFORMATION			
1. Last Name	2. First Name	3. Social Security #	4. Date of Birth (mm/dd/yyyy)
5. Meets CMH criteria for Developmental Disabilities and is a client of the Agency listed below <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Client has no other dental insurance or means to pay <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Client insured under Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. If Yes, Access to a Medicaid dentist <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7. Client has the necessary resources to get to the stated dental office on the dental claim form <input type="checkbox"/> Yes <input type="checkbox"/> No	10. If insured under Medicaid, client requires services beyond Medicaid dental benefits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Client Information

The client information section provides information about the client and his/her dental insurance background.

1. Last Name: Place here the patient receiving the services last name for tracking purposes.
2. First Name: Place here the patient receiving the services first name for tracking purposes.
3. Social Security #: Enter the social security number of the person receiving treatment listed in Item #1.
4. Date of Birth (mm/dd/yyyy): Enter the date of birth of the person receiving treatment listed in Item # 1. The date must be entered with two digits each for the month and day, and four digits for the year of birth.
5. Meets CMH criteria for Developmental Disabilities and is a client of the Agency listed below: The client must have developmental disabilities that require the client to be managed within the Community Mental Health System. A “YES” or a “NO” response is required based on the client listed in Item #1.
 - Mark “YES” if the client listed in Item #1 is a client of the Agency listed in Item #14 and meets CMH criteria for Developmental Disabilities.
 - Mark “NO” if the client listed in Item #1 is either not a client of the Agency listed in Item #14 **AND/OR** does not meet the CMH criteria for Developmental Disabilities.
6. Client has no other dental insurance or means to pay: A “YES” or a “NO” response is required based on the client listed in Item #1.
 - Mark “YES” if the client possesses the requisite resources necessary to obtain dental treatment services, and/or has no other dental insurance or means to pay.
 - Mark “NO” if the client does not possess the requisite resources necessary to obtain dental treatment services, and/or has no other dental insurance or means to pay.
7. Client has the necessary resources to get to the stated dental office on the dental claim form: A “YES” or a “NO” response is required based on the ability for the client listed in Item #1 to get to the dental office to receive the needed services.
 - Mark “YES” if the client has the necessary resources to get to the noted dental office on the dental claim form.
 - Mark “NO” if the client does not have the resources needed to get to the dental office noted on the dental claim form.
8. Client insured under Medicaid?: This area of the form provides information on the existence of Medicaid dental insurance for the client.
 - Mark “YES” if the client listed in Item #1 is currently insured under Medicaid.
 - Mark “NO” if the client listed in Item #1 is not insured under Medicaid.
9. If Yes, Access to a Medicaid dentist: This area of the form provides information on the availability of a Medicaid dentist within 50 miles of the client listed in Item #1 home
 - Mark “YES” if the client has access to a Medicaid dentist.
 - Mark “NO” if the client does not have access to a Medicaid dentist within 50 miles of the client’s home.
 - Mark “N/A” if the client is not insured under Medicaid.

10. If insured under Medicaid, client requires services beyond Medicaid dental benefits:

This area of the form provides information on the required services needed by the client listed in Item #1.

- Mark “YES” if the client is insured under Medicaid and requires services beyond Medicaid dental benefits.
- Mark “NO” if the client is insured under Medicaid and requires services included in Medicaid dental benefits.
- Mark “N/A” if the client is not insured under Medicaid.

CASE MANAGER/ SUPPORT COORDINATOR INFORMATION			
11. Last Name	12. First Name	16. Name of Agency	
13. Phone #		17. Agency Address 1	
14. Fax #		18. Agency Address 2	
15. E-mail		19. City	20. Zip
21. I verify that the above information is correct			
X: _____			

Case manager/ support coordinator Information

The case manager/ support coordinator information section provides information about the case manager/ support coordinator and their agency background.

11. Last Name: Place here the case manager/ support coordinator applying for the DDTF last name for tracking purposes.
12. First Name: Place here the case manager/ support coordinator applying for the DDTF first name for tracking purposes.
13. Phone #: Enter the business telephone number of the case manager/ support coordinator. The MDCH Oral Health Program should be notified within 30 days of any change in telephone number.
14. Fax #: Enter the business fax number of the case manager/ support coordinator. The MDCH Oral Health Program should be notified within 30 days of any change in fax number.
15. E-mail: Enter the business e-mail of the case manager/ support coordinator. The MDCH Oral Health Program should be notified within 30 days of any changes in e-mail address.
16. Name of Agency: Enter the complete name of the case manager/ support coordinator’s agency for the client listed in Item #1.
- 17-20. Agency Address Information: Enter the complete address of the agency listed in Item #16. The MDCH Oral Health Program should be notified within 30 days of any change in address. Having a correct address will assist in the approval and expiration notification process.
21. I verify that the above information is correct: Signature of the case manager/ support coordinator. The method used shall be hand written (stamp and electronic signatures are not acceptable).

- By signing in this location of the form, the case manager/ support coordinator agrees that he/she has filled out the complete form and the information is correct to the best of their knowledge.

Fax completed application and a copy of the dentists ADA Dental Claim Form or Pre-Estimate Insurance Form to Oral Health Program 517-335-8697 or mail to MDCH Oral Health, PO Box 30195, Lansing, MI. 48909

DDTF APPROVAL CODES

The current version of ADA dental codes are listed that will be approved or approved on a case by case basis. The approval of case by case dental codes will be determined by the State Oral Health Program. Please share this information with the treating dentists.

- ▶ Indicates covered codes
- Indicates covered codes on a case by case basis to be approved by the State Oral Health Program

Diagnostic	
▶	D0120 periodic oral evaluation – established patient
▶	D0140 limited oral evaluation – problem focused
▶	D0150 comprehensive oral evaluation – new or established patient
●	D0160 detailed and extensive oral evaluation – problem focused, by report
●	D0170 re-evaluation – limited, problem focused (established patient; not post-operative visit)
▶	D0210 intraoral – complete series (including bitewings)
▶	D0220 intraoral – periapical first film
▶	D0230 intraoral – periapical each additional film
▶	D0240 intraoral – occlusal film
▶	D0270 bitewing – single film
▶	D0272 bitewings – two films
▶	D0273 bitewings – three films
▶	D0274 bitewings – four films
▶	D0277 vertical bitewings – 7-8 films
▶	D0330 panoramic film
●	D0999 unspecified diagnostic procedure, by report
Preventive	
▶	D1110 prophylaxis – adult
Restorative	
▶	D2140 amalgam – one surface, primary or permanent
▶	D2150 amalgam – two surfaces, primary or permanent
▶	D2160 amalgam – three surfaces, primary or permanent
▶	D2161 amalgam – four or more surfaces, primary or permanent
▶	D2330 resin-based composite – one surface, anterior
▶	D2331 resin-based composite – two surfaces, anterior
▶	D2332 resin-based composite – three surfaces, anterior
▶	D2335 resin-based composite – four or more surfaces or involving incisal angle (anterior)
▶	D2390 resin-based composite crown, anterior
▶	D2710 crown resin-based composite (indirect)
▶	D2712 crown $\frac{3}{4}$ resin-based composite (indirect)
▶	D2720 crown – resin with high noble metal
▶	D2721 crown – resin with predominantly base metal
▶	D2722 crown – resin with noble metal

▶	D2740 crown – porcelain/ceramic substrate
▶	D2750 crown – porcelain fused to high noble metal
▶	D2751 crown – porcelain fused to predominantly base metal
▶	D2752 crown – porcelain fused to noble metal
▶	D2780 crown – $\frac{3}{4}$ cast high noble metal
▶	D2781 crown – $\frac{3}{4}$ cast predominantly base metal
▶	D2782 crown – $\frac{3}{4}$ cast noble metal
▶	D2783 crown – $\frac{3}{4}$ porcelain/ceramic
▶	D2790 crown – full cast high noble metal
▶	D2791 crown – full cast predominantly base metal
▶	D2792 crown – full cast noble metal
▶	D2920 recement crown
▶	D2931 prefabricated stainless steel crown – permanent tooth
▶	D2932 prefabricated resin crown
▶	D2940 sedative filling
▶	D2950 core buildup, including any pins
▶	D2951 pin retention – per tooth, in addition to restoration
▶	D2952 post and core in addition to crown, indirectly fabricated
▶	D2954 prefabricated post and core in addition to crown
▶	D2970 temporary crown (fractured tooth)
●	D2999 unspecified restorative procedure, by report

Endodontics

▶	D3230 pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
▶	D3240 pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
▶	D3310 endodontic therapy, anterior tooth (excluding final restoration)
▶	D3320 endodontic therapy, bicuspid tooth (excluding final restoration)
▶	D3330 endodontic therapy, molar (excluding final restoration)
▶	D3332 incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
▶	D3346 retreatment of previous root canal therapy – anterior
▶	D3347 retreatment of previous root canal therapy – bicuspid
▶	D3348 retreatment of previous root canal therapy – molar
▶	D3351 apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
▶	D3352 apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
▶	D3353 apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)
▶	D3410 apicoectomy/periradicular surgery – anterior
▶	D3421 apicoectomy/periradicular surgery – bicuspid (first root)
▶	D3425 apicoectomy/periradicular surgery – molar (first root)
▶	D3426 apicoectomy/periradicular surgery (each additional root)
▶	D3430 retrograde filling – per root
▶	D3450 root amputation – per root
●	D3999 unspecified endodontic procedure, by report

Periodontics	
▶	D4341 periodontal scaling and root planning – four or more teeth per quadrant
▶	D4342 periodontal scaling and root planning – one to three teeth per quadrant
▶	D4355 full mouth debridement to enable comprehensive evaluation and diagnosis
▶	D4910 periodontal maintenance
●	D4999 unspecified periodontal procedure, by report
Prosthodontics (removable)	
●	D5110 complete denture – maxillary
●	D5120 complete denture – mandibular
●	D5130 immediate denture – maxillary
●	D5140 immediate denture – mandibular
●	D5211 maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
●	D5212 mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
●	D5213 maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
●	D5214 mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
●	D5225 maxillary partial denture – flexible base (including any clasps, rests and teeth)
●	D5226 mandibular partial denture – flexible base (including any clasps, rests and teeth)
●	D5730 reline complete maxillary denture (chairside)
●	D5731 reline complete mandibular denture (chairside)
●	D5740 reline maxillary partial denture (chairside)
●	D5741 reline mandibular partial denture (chairside)
●	D5750 reline complete maxillary denture (laboratory)
●	D5751 reline complete mandibular denture (laboratory)
●	D5760 reline maxillary partial denture (laboratory)
●	D5761 reline mandibular partial denture (laboratory)
●	D5810 interim complete denture (maxillary)
●	D5811 interim complete denture (mandibular)
●	D5820 interim partial denture (maxillary)
●	D5821 interim partial denture (mandibular)
●	D5899 unspecified removable prosthodontic procedure, by report
Oral and Maxillofacial Surgery	
▶	D7111 extraction, coronal remnants – deciduous tooth

▶	D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)
▶	D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
▶	D7220 removal of impacted tooth – soft tissue
▶	D7230 removal of impacted tooth – partially bony
▶	D7240 removal of impacted tooth – completely bony
▶	D7241 removal of impacted tooth – completely bony, with unusual surgical complications
▶	D7250 surgical removal of residual tooth roots (curing procedure)
▶	D7260 oroantral fistula closure
▶	D7261 primary closure of a sinus perforation
▶	D7270 tooth reimplatation and/or stabilization of accidentally evulsed or displaced tooth
▶	D7285 biopsy of oral tissue – hard (bone, tooth)
▶	D7286 biopsy of oral tissue – soft
●	D7999 unspecified oral surgery procedure, by report
Unclassified Treatment	
▶	D9110 palliative (emergency) treatment of dental pain – minor procedure
▶	D9310 consultation – diagnostic service
●	D9999 unspecified adjunctive procedure, by report